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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 1412

Place of Birth Winkelman County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
<u>Female</u>					
DATE OF BIRTH*	<u>July</u>	<u>5</u>	<u>1933</u>		
	(Month)	(Day)	(Year)		
FULL* NAME	FATHER <u>Reynolds G. Valdez</u>				
FULL* MAIDEN NAME	MOTHER <u>Isabel Borelade</u>				

I HEREBY CERTIFY that the child described herein has been named

Alice Valdez
(Given name in full) (Surname)
Isabel V. Estrada
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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159-705-925